

VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

**ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS) USER
MANUAL FOR
LOCAL HEALTH DEPARTMENTS**

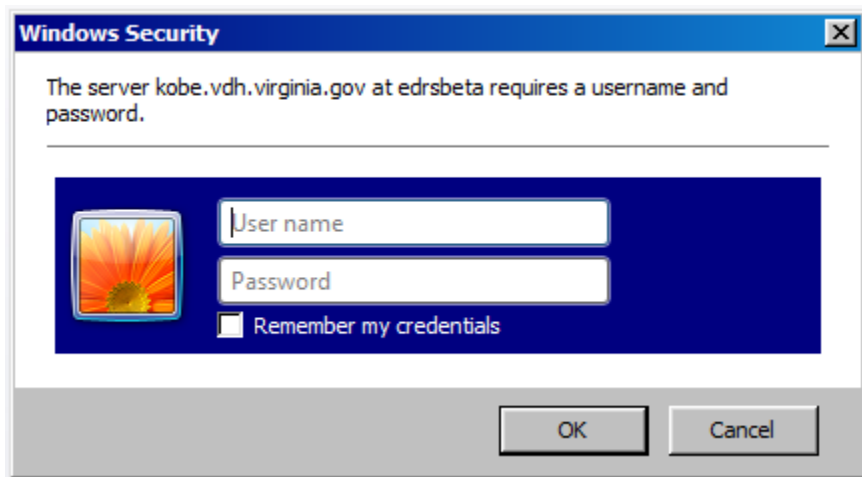
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1. GETTING INTO THE EDRS

STEP 1.

Once you have launched the EDRS using the URL provided to you, you will see a pop-up box to enter your user name and password to log in to the application. (See illustration below)

A Windows Security dialog box titled "Windows Security" with a close button (X) in the top right corner. The text inside says "The server kobe.vdh.virginia.gov at edrsbeta requires a username and password." Below this is a blue rectangular area containing a small icon of a sunflower on the left. To the right of the icon are two text input fields: "User name" and "Password". Below the "Password" field is a checkbox labeled "Remember my credentials". At the bottom of the dialog are two buttons: "OK" and "Cancel".

Enter your username and password and click OK.

STEP 2.

You may view your messages in the inbox displayed on the resulting screen. Click on Continue to navigate to the next screen. In order to delete the messages from your inbox, simply check the box next to the message that you wish to delete and click on Continue.



Virginia Vital Events And Screening Tracking System

New Messages

Please check the box to acknowledge each message and click Continue button to continue to the application

	From	Subject	Date Received
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Case No. 431 has been accepted by BON SECOURS ST. MARY'S HOSPITAL	07/10/2014
	Case No. 431 for CARL GALLUP has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.		
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification completed for Case No. 431	07/10/2014
	Dr.STMARY_PH_1, STMARY_PH_1 has certified the Case No. 431 for CARL GALLUP.		
<input type="checkbox"/>	Diman, Krystina (MORRISSETT FUNERAL HOME AND CREMATION SERVICE)	Out of State Transit Permit approval Requested for Case No. 95	07/10/2014
	MORRISSETT FUNERAL HOME AND CREMATION SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 95 for CHRISTY COLES. The permit is now available for your review.		
<input type="checkbox"/>	Totman, Jane (METROPOLITAN FUNERAL SERVICE INC.)	Out of State Transit Permit approval Requested for Case No. 327	07/10/2014
	METROPOLITAN FUNERAL SERVICE INC. has submitted an Out of State Transit Permit for your approval for Case No. 327 for KHAL DROGO. The permit is now available for your review.		
<input type="checkbox"/>	Vr_User_1, Vr_User_1 (VITAL RECORDS)	State File Number assigned for Case No. 431	07/10/2014
	A State File Number has been assigned to Case No. 431 for CARL GALLUP by the Division of Vital Records		
<input type="checkbox"/>	Baker, Tyra (CHINN FUNERAL SERVICE)	Out of State Transit Permit approval Requested for Case No. 440	07/10/2014
	CHINN FUNERAL SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 440 for SAMUEL BELL. The permit is now available for your review.		





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EBLNML

STEP 3.


The resulting screen is the Virginia Vital Events and Screenings Tracking System Screen and may include various modules. Based on your role, you will only have access to the EDRS. Click on the EDRS link to continue.




Virginia Vital Events And Screening Tracking System




Birth Certificate Reporting




Certifiable




Correspondence Tracking System




Virginia Infant Screening and Infant Tracking System



Electronic Death Registration System



Maintenance




[Messages\(6New\)](#)[Password Reset](#)[Application Assistant](#)[Logout](#)

If you need VDH application support, please send your request via email to aim_webappshelp@vdh.virginia.gov or call us at 804-864-7200 and select option 2, FAX - 804-864-7155.

Warning: This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

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The resulting screen is the **EDRS Home screen**.



Electronic Death Registration System

User: Rich_City_Lhd Rich_City_Lhd(RICH_CITY_LHD)
Facility: Richmond City - Local Health Department

Death Registration Menu

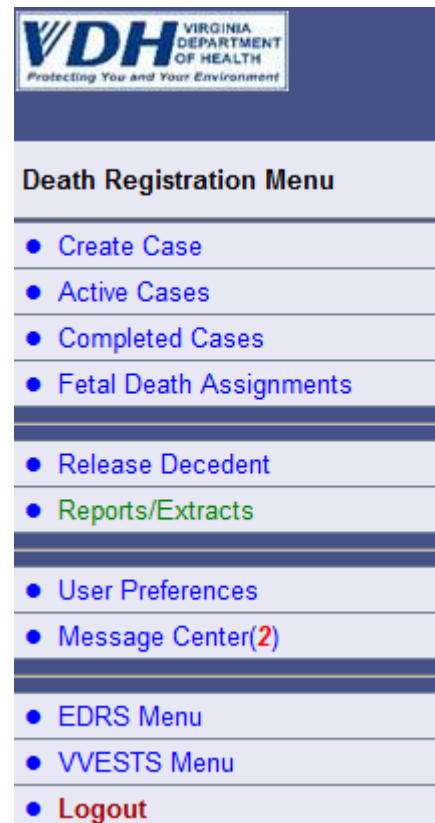
- Certificate Printing
- Search Request(s) By
 - Requester/Decedent
 - Agency/Decedent
 - Funeral Home/Decedent
- Pending Permits
- Approved Permits
- Settlement Report
- Incomplete Request(s)
- User Preferences
- Message Center(15)
- EDRS Menu
- VVESTS Menu
- Logout

Electronic Death Registration System

2. THE BASICS

2.1. THE NAVIGATION BAR -

To the left of the screen is the Navigation Bar which houses various links allowing you to move around in the system. This Navigation Bar is very dynamic in nature and will change from user to user based on what roles a user has.



2.2. SETTING USER PREFERENCES –

Click on the user preferences link in the navigation bar. On the resulting screen, you may enter up to three e-mail addresses to receive notifications pertaining to cases in your facility. Also, you may choose the type of notifications you wish to receive.

A screenshot of the 'Electronic Death Registration System' User Preferences screen. The top header bar contains the VDH logo, the system name 'Electronic Death Registration System', and user information: 'User: Staff Da_Group(DA_STAFF)' and 'Facility: Xyz Greater Richmond Hospital'. On the left is a 'Death Registration Menu' sidebar with links: 'Create Case', 'Active Cases', 'Completed Cases', 'Fetal Death Assignments', 'Release Decedent', 'Reports/Extracts', 'User Preferences' (highlighted), 'Message Center(2)', 'EDRS Menu', 'VVESTS Menu', and 'Logout'. The main content area is titled 'User Preferences' and contains a message: 'This system is designed to help you keep informed of any changes related to death certificate cases you are involved by sending E-mail notifications'. Below this is a section for entering email addresses: 'If you would like to be notified of status changes related to your cases, please enter E-mail address(es)'. It includes three input fields labeled 'Primary E-mail Address:', 'Second E-mail Address:', and 'Third E-mail Address:'. A red arrow points to these fields with the text 'UPTO THREE EMAIL ADDRESSES'. Below the email fields is a list of notification types with checkboxes: 'When an assignee has accepted the case', 'When an assignee has rejected the case', 'When the Funeral Director has signed the demographics information', 'When the Medical Certifier has signed the Medical Information', 'WHEN THE CASE HAS BEEN FILED WITH DVR', 'When the case has been assigned a State File Number', and 'When the Office of the Chief Medical Examiner has rejected a case referred to them by you'. A red arrow points to this list with the text 'TYPES OF NOTIFICATIONS'. At the bottom left is a 'Save' button. At the bottom right is a blue link labeled 'EDIUEN'.

3. CERTIFICATE PRINTING

3.1. CREATE APPLICATION

- When a customer walks-in to obtain a vital record, they would fill out a paper application and provide you the same. You will then enter this application in the VVESTS.
- You may create applications for the following types of death records.
 - Pre-EDRS – all records which will be a copy of the paper death certificate for deaths happening prior to November 1, 2014
 - Post-EDRS – All death records that have been filed with the Local Health Department via a paper for deaths happening after November 1, 2014.
 - EDRS – all death records that have been filed with the Division of Vital Records in a completely electronic manner.

- To begin creating an application, click on the CERTIFICATE PRINTING link in the left navigation bar.



- The resulting page is the application for a Death Record.

3.1.1. APPLICATION TYPE

- You may create applications for the following types of death records.
 - Pre-EDRS – all records which will be a copy of the paper death certificate for deaths happening prior to November 1, 2014.
 - Post-EDRS – All death records that have been filed with the Local Health Department via a paper for deaths happening after November 1, 2014.
 - EDRS – all death records that have been filed with the Division of Vital Records in a completely electronic manner.

- Select the type of EDRS record that you have received the application for .

Application Type:

Certificate Type:

Relationship:

EDRS
Post EDRS
Pre EDRS

- Then, select the relationship of the requester. The requester is the person filling out the application as provided to you.

Relationship:

Agency
Brother
Daughter
Father
Father(Pending ADP)
Funeral Home
Legal Rep
Maternal Grandparent
Mother
Mother(Pending ADP)
Non-Immediate Family
Non-Relative
Other
Parent One
Parent Two
Paternal Grandparent
Sister
Son
Spouse

3.1.2. REQUESTER INFORMATION

- The illustration below depicts the information that you must collect about the requester.

Requester							
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	Last Name:	<input type="text"/>	Maiden Name:	<input type="text"/>
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	Pin Type:	<input type="text"/>
Pin:	<input type="text"/>						
Funeral Home: <input type="text"/>				Contact: <input type="text"/>			
Agency: <input type="text"/>				Contact: <input type="text"/>			

- If you select –

- Agency as the relationship, it will disable the fields for you to enter the name of the requester and also the Funeral Home field. You must select the agency from the pre-defined list launched by clicking on the 'L' next to the agency box. *(See Illustration below)*

Requester			
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>
Pin:	<input type="text"/>	Gender:	<input type="text"/>
Funeral Home:		Contact:	<input type="text"/>
Agency:		Contact:	<input type="text"/>

All Fields in GRAY have been DISABLED

- Funeral Home as the requester relationship, it will disable the Agency field and the requester name fields. You must select the Funeral Home from the pre-defined list launched by clicking on the 'L' next to the Funeral Home box. *(See Illustration below)*

Requester			
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>
Pin:	<input type="text"/>	Gender:	<input type="text"/>
Funeral Home:		Contact:	<input type="text"/>
Agency:		Contact:	<input type="text"/>

All Fields in GRAY have been DISABLED

- Any other relationship, other than the above, you must enter the following information about the requester.

Requester			
First Name:	<input type="text" value="JACK"/>	Middle Name:	<input type="text"/>
Suffix:	<input type="text"/>	Date of Birth:	<input type="text" value="03/19/1981"/>
Pin:	<input type="text"/>	Gender:	<input type="text" value="MALE"/>
Funeral Home:		Contact:	<input type="text"/>
Agency:		Contact:	<input type="text"/>

All Fields in GRAY have been DISABLED

3.1.3. REGISTRANT INFORMATION –

- Enter as much information you know about the registrant (decedent) from the application. The minimum information required is the Last name and the date of death of the decedent.

Registrant			
First Name:	<input type="text" value="SAM"/>	Middle Name:	<input type="text"/>
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>
Spouse		Place of Birth:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Suffix:	<input type="text"/>	Maiden Name:	<input type="text"/>
Phone Number:		Date Received:	<input type="text" value="09/13/2014"/>
Place of Event:		Date of Event:	<input type="text" value="07/14/2014"/>
(Either Date of Birth or Death or Marriage)			
Mother's Name			
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Father's Name		Maiden Name:	<input type="text"/>
First Name:	<input type="text" value="JACK"/>	Last Name:	<input type="text" value="SMITH"/>

PAYMENT & ID INFORMATION

- Enter the relevant information in the section below.

Primary ID:	<input type="text"/>	L <input type="checkbox"/> Original?
Secondary ID:	<input type="text"/>	L <input type="checkbox"/> Original?
Secondary ID:	<input type="text"/>	L <input type="checkbox"/> Original?
Payment Type:	<input type="text"/> <input type="button" value="Pymts"/>	No. Of Copies: <input type="text"/>
Certificate Payment:	<input type="text" value="\$12.00"/>	Administrative Fee: <input type="text" value="\$0.00"/>
Purpose:	<input type="text"/>	Other Purpose: <input type="text"/>
Date Reply Sent:	<input type="text"/>	
Current Status:	<input type="text"/>	Dept / Staff: <input type="text"/>
Comments:	<input type="text"/>	

- Choose a valid ID that the requester has provided and enter the same in the ID Fields. A primary or two secondary ID is required.

Primary ID:	<input type="text"/>	L <input type="checkbox"/> Original?
Secondary ID:	<input type="text"/>	L <input type="checkbox"/> Original?
Secondary ID:	<input type="text"/>	L <input type="checkbox"/> Original?

- Choose the mode of payment

Payment Type:	<input type="text"/> <div> Agency Billing Cash Check Money Order Postal/Amer. Exp. Money Order Multiple Veterans Billing Waived </div>
Certificate Payment:	
Purpose:	
Date Reply Sent:	
Current Status:	
Comments:	

Enter the number of copies of the death certificate being requested. The number of copies entered will automatically calculate the amount of payment.

Payment Type:	<input type="text" value="Check"/> <input type="button" value="Pymts"/>	No. Of Copies:	<input type="text" value="2"/>
Certificate Payment:	<input type="text" value="\$24.00"/>	Administrative Fee:	<input type="text" value="\$0.00"/>
Purpose:	<input type="text"/>	Other Purpose:	<input type="text"/>
Date Reply Sent:	<input type="text"/>		
Current Status:	<input type="text"/>	Dept / Staff:	<input type="text"/>
Comments:	<input type="text"/>		

- Also make sure to choose the Current Status is selected

Current Status:

Sent To
DMV/OOS Event
DMV/Not Entitled
DMV/Stillbirth
Request By
Not in Yet
Other
Print Now
Request By Mother
Pending
Non Automated Birth
DMV/SS File Started

3.1.4. CERTIFICATE INFORMATION

- For all Pre-EDRS and Post-EDRS records, you must enter
 - Either the local health department certificate number or the State File number of the death record)
 - And the inventory numbers of all security paper that the death record is being provided to the requester on. This is denoted as the document number.

Certificate Information			
LHD Certificate No.:	<input type="text"/>	State File No.:	<input type="text"/>
Document Numbers:	<input type="text"/>	<input type="text"/>	

3.1.5. REQUESTER ADDRESS

- Below is an illustration of the requester address fields.

Requester Address				<input type="checkbox"/> Foreign Address			
House#:	<input type="text"/>	Pre Dir.:	<input type="text"/>	Address1:	<input type="text"/>	Address2:	<input type="text"/>
Str Suffix:	<input type="text"/>	Street Desc:	<input type="text"/>	Post Dir.:	<input type="text"/>	Apt#:	<input type="text"/>
Zip Code:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Foreign Country:	<input type="text"/>
Mailing Address				<input type="checkbox"/> Foreign Address			
<input type="checkbox"/> Use Above Address				<input type="checkbox"/> New Mailing Address			
House#:	<input type="text"/>	Pre Dir.:	<input type="text"/>	Address1:	<input type="text"/>	Address2:	<input type="text"/>
Str Suffix:	<input type="text"/>	Street Desc:	<input type="text"/>	Post Dir.:	<input type="text"/>	Apt#:	<input type="text"/>
Zip Code:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Foreign Country:	<input type="text"/>

- The requester address shall be pre-populated from the pre-defined list if agency or funeral home is selected as the relationship of the requester. If not, then you must enter the address for the requester.
- If the mailing address is the same as that provided by the requester, select the “USE ABOVE ADDRESS” checkbox. If not, then enter the mailing address.

3.2. SAVE AND PRINT

3.2.1. SAVE

- Once all information has been entered, click on the SAVE button at the bottom of the page.
- Based on the application type –
 - For all EDRS records, the system will search for the decedent record and display the matches as below.

Requester Information							
Agency:	ADOPTIONS FROM THE HEART-VIRGINIA						
Address:	1407 STEPHANIE WAY CHESAPEAKE VIRGINIA 23320						

Based on registrant's information entered in Application, the following records are available in Electronic Death Registration System. Please select record from list to print certificate OR click New Query to perform a new search

Certificate No	Case ID	Decedent Name (First, Middle, Last)	Gender	Date of Birth	Date of Death	Status	
2014000016	595	SAM SMITH	MALE	03/19/1981	07/14/2014	Ready to Print	Preview

Your search returned 1 records. Records 1 through 1 are displayed.

[New Query](#)

[Request Pre-EDRS Certificate](#) [Request EDRS Certificate](#) [Request Post-EDRS Certificate](#)

[HELP](#)

EDLCPD

- if you have entered all information about the registrant and are unable to locate a record for them, try to search again with less criteria, typically, the first name, last name and the date of death. To do a wild card search, you can also enter the first letter of the first name with a percent sign. For example, if you are searching for JOHN SMITH, you may try "J%" in the first name field and smith in the last name field.
Click on the New Query Button to search again.

Death Certificate Printing

Requester Information							
Funeral Home:	ALLEN, E. B. FUNERAL HOME						
Address:	711 GRIFFIN BOULEVARD FARMVILLE VIRGINIA 23901						

Based on registrant's information entered in Application, the following records are available in Electronic Death Registration System. Please select record from list to print certificate OR click New Query to perform a new search

Certificate No	Case ID	Decedent Name (First, Middle, Last)	Gender	Date of Birth	Date of Death	Status	
----------------	---------	-------------------------------------	--------	---------------	---------------	--------	--

Your search returned 0 records.

[New Query](#)

[Request Pre-EDRS Certificate](#) [Request EDRS Certificate](#) [Request Post-EDRS Certificate](#)

EDLCPD

- For all Pre-EDRS and Post-EDRS records, the system shall display a success message indicating that the application was successfully created. Now, you may provide a copy of the paper death certificate to the requester.

3.2.2. PRINT

- You may preview the certificate by clicking on the preview button to the right of the desired record. **DO NOT USE THIS TO PRINT THE CERTIFIED COPY!!**
- Click on the certificate number on the confirmation screen to print the EDRS Record

Requester Information	
Agency:	ADOPTIONS FROM THE HEART-VIRGINIA
Address:	1407 STEPHANIE WAY CHESAPEAKE VIRGINIA 23320

Based on registrant's information entered in Application, the following records are available in Electronic Death Registration System. Please select record from list to print certificate OR click New Query to perform a new search

Certificate No	Case ID	Decedent Name (First, Middle, Last)	Gender	Date of Birth	Date of Death	Status	
2014000016	595	SAM SMITH	MALE	03/19/1981	07/14/2014	Ready to Print	Preview

Your search returned 1 records. Records 1 through 1 are displayed.

New Query		
Request Pre-EDRS Certificate	Request EDRS Certificate	Request Post-EDRS Certificate

[HELP](#)

EDLCPD

- Then, at the bottom of the resulting screen, click on print.

Zip Code: 23301 L City: ACCOMAC State: VA Foreign Country: [dropdown]

Mailing Address ☒ Use Above Address ☐ New Mailing Address ☐ Foreign Address

House#: [] Pre Dir.: [dropdown] Address1: 22554 CENTER PARKWAY Address2: []

Str Suffix: [] Street Desc: [] L Post Dir.: [dropdown] Apt#: []

Zip Code: 23301 L City: ACCOMAC State: VA Foreign Country: [dropdown]

Re-print
Re-print Reason: [dropdown]

Print Save Reprint Undo

Request Pre-EDRS Certificate Request EDRS Certificate Request Post-EDRS Certificate

Ready to Print

- The EDRS will open the death certificate in a PDF format which you may now print. **Do not re-size this certificate. It has been optimized to fit the security paper.**

https://kobe.vdh.virginia.gov/edrsbeta/edr_reports.death_cert_print?p_cdv_id=3582 - Windows Internet Explorer

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

REGISTRATION AREA NUMBER		CERTIFICATE NUMBER		STATE FILE NUMBER 2014000016	
1. FULL NAME OF DECEDENT (first) (middle) (last) (suffix) SAM SMITH					
2. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED <input type="checkbox"/>		3. DATE OF DEATH 07/14/2014 <input type="checkbox"/> ACTUAL <input type="checkbox"/> PRESUMED <input type="checkbox"/> <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> FOUND ON		4. DATE OF BIRTH 03/19/1981	
5. AGE Years 33		IF UNDER 1 YEAR Months Days		IF UNDER 1 DAY Hours Minutes	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) Virginia		8. SOCIAL SECURITY NUMBER [] IF NO SSN, CHECK APPROPRIATE BOX NONE <input checked="" type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 109 GOVERNOR ST		10. CITY OR TOWN OF RESIDENCE INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) RICHMOND		12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		13a. ZIP CODE 23219	
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)					
14. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN					
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE <input type="checkbox"/> ASSOCIATE DEGREE <input checked="" type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN					
16. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA		17. USUAL OR LAST OCCUPATION TRUCK DRIVER		18. KIND OF BUSINESS OR INDUSTRY TRANSPORT	
19. MARITAL STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)			
21. NAME OF DECEDENT'S FATHER (FIRST, MIDDLE, LAST, SUFFIX) JOHN SMITH		22. MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE, LAST) MARY SMITH			
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION Father		24. FULL NAME OF INFORMANT OR NAME OF SOURCE JOHN SMITH			
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if home, leave blank) BON SECOURS ST. MARY'S HOSPITAL		26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)		25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA <input type="checkbox"/> OUT PAT. EMER RM <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/>	
27. CITY OR TOWN OF DEATH		28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH		29a. ZIP CODE	
28b. COUNTY OF DEATH (if independent city, leave blank)					

- After printing the record, close this pop window and on the main EDRS window, you will see fields to enter the document numbers. Enter the document numbers and click on the SAVE button at the bottom of the page.

Requester Information	
Agency:	ACCOMACK DEPT. OF S.S
Address:	22554 CENTER PARKWAY ACCOMAC VA 23301

Document Number(s)

1.

2.

<input type="button" value="Request Pre-EDRS Certificate"/>	<input type="button" value="Request EDRS Certificate"/>	<input type="button" value="Request Post-EDRS Certificate"/>
---	---	--

- This will bring you back to the request screen, where all buttons at the bottom of the page shall be disabled.

Re-print	
Re-print Reason:	<input type="text" value=""/>
<input type="button" value="Print"/>	<input type="button" value="Save"/>
<input type="button" value="Reprint"/>	<input type="button" value="Undo"/>
<input type="button" value="Request Pre-EDRS Certificate"/>	<input type="button" value="Request EDRS Certificate"/>
<input type="button" value="Request Post-EDRS Certificate"/>	

Ready to Print

3.2.3. RE-PRINTING A RECORD

- If you wish to reprint a record, select a reprint reason from the previous screen, and click on re-print

Re-print	
Re-print Reason:	<input type="text" value=""/>
<input type="button" value="Print"/>	<input type="button" value="Save"/>
<input type="button" value="Reprint"/>	<input type="button" value="Undo"/>
<input type="button" value="Request Pre-EDRS Certificate"/>	<input type="button" value="Request EDRS Certificate"/>
<input type="button" value="Request Post-EDRS Certificate"/>	

Ready to Print

[HELP](#)

4. APPROVING PERMITS

- The following permits may be assigned to you for approval –
 - Out of State Transit Permits
 - Disinterment and Reinterment Permits
 - Communicable Disease letters.
- In order to view a list of all permits assigned to you, click on the PENDING PERMITS Link in the left navigation bar.



- Then, select the permit by clicking on the DECEDENT NAME.

Permits Pending for Approval

Permit ID: Permit Creation Date: To (mm/dd/yyyy)

Case ID: Case Creation Date: To (mm/dd/yyyy)

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)

Decedent Name	Permit ID	Case Type	Gender	Date of Death	Permit ID	Permit Type	Requested By
MARSHALL, MATHERS						Disinterment	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
TIM, MATHEW						Disinterment	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (SOUTHSIDE)
TEST, TESTING, SMITH						Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
THOMAS, JOE		Green Border	MALE	01/01/1989		Disinterment	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
NADAL, NADAL	4993	Green Border	MALE	01/01/2014	2528	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (SOUTHSIDE)

Your search returned 5 records. Records 1 through 5 are displayed.

- All permits that you may approve shall have an APPROVE PERMIT button at the bottom of the page. Click this button. *(the illustration below is an example)*

Disinterment Permit Approval

Requester Details

Funeral Home: XYZ FUNERAL HOME (WEST END)

Address: 1250 W BROAD ST HENRICO VIRGINIA 23294

Decedent Details

First Name: MARSHALL Middle Name:

Last Name: MATHERS Maiden Name:

Age: 25 Date Of Death: 01/01/1989

Gender: MALE

Decedent Race

☐ White ☐ Black Or African American ☐ Chinese ☐ Japanese ☐ Native Hawaiian ☐ Filipino ☐ Asian Indian ☐ Korean ☐ Samoan ☐ Vietnamese ☐ Guamanian Or Chamorro

☐ Other Specify ☐ American Indian Or Alaska Native Tribe(S) ☐ Other Asian Specify ☐ Other Pacific Islander Specify ☐ Unknown

Place of Disinterment

Place of Disposition: HOLY CROSS CEMETERY 1628 MATTHEWS ST RICHMOND VIRGINIA 23222

Place of Reinterment

Method of Disposition: Burial

Place of Disposition: HOLY CROSS CEMETERY 1628 MATTHEWS ST RICHMOND VIRGINIA 23222

Status

Status: Submitted

Permit request submitted to

Facility: RICHMOND CITY - LOCAL HEALTH DEPARTMENT

Carefully review the information above. Click on APPROVE PERMIT to approve the permit, or BACK TO LIST to select a different record.

EDIDRA

- A confirmation message shall indicate that the permit was successfully approved.

5. SETTLEMENT REPORT

- At the end of the day, or a time specified by the business per day, you may run a settlement report to tally transactions and monies collected from Vital Records Printing. Begin by clicking on the settlement report link in the left navigation bar.

Death Registration Menu
• Certificate Printing
Search Request(s) By
• Requester/Decedent
• Agency/Decedent
• Funeral Home/Decedent
• Pending Permits
• Approved Permits
• Settlement Report
• Change Facility
• User Preferences
• Message Center(2)
• EDRS Menu
• VVESTS Menu
• Logout

- On the resulting page, enter the date range and click on the SUBMIT QUERY button

Settlement Report	
From Date	<input type="text" value="09/13/2014"/> ** mm/dd/yyyy
To Date	<input type="text" value="09/13/2014"/> ** mm/dd/yyyy
Local Health Department	<input type="text" value="RICHMOND CITY - LOCAL HEALTH DEPARTMENT"/> L
User	<input type="text" value="RICH_LHD"/> L
<input type="button" value="Submit Query"/> <input type="button" value="Undo"/>	
HELP	

EDXSTR

- The resulting screen shall display the Settlement report for the date range entered, click print. (*see illustration below*)

<div>Print</div> <div>EDRS Settlement Report Records entered from - 09/13/2014 To 09/13/2014 Report Date: 09/13/2014 14:44:24 Operator:RICH_LHD [RICHMOND CITY - LOCAL HEALTH DEPARTMENT]</div> <table><tr><th>First Name</th><th>Last Name</th><th>Cert#/Type</th><th>No.Copies</th><th>Cert Fee</th><th>Admin Fee</th><th>Total Fee</th></tr><tr><td>JACK SMITH</td><td></td><td>DEATH</td><td>2</td><td>\$24.00</td><td>\$0.00</td><td>\$24.00</td></tr><tr><td>JACK SMITH</td><td></td><td>DEATH</td><td>2</td><td>\$24.00</td><td>\$0.00</td><td>\$24.00</td></tr><tr><td colspan="3">Total By Payment Type: Check</td><td>4</td><td>\$48.00</td><td>\$0.00</td><td>\$48.00</td></tr><tr><td colspan="3">Total By Operator: RICH_LHD [RICHMOND CITY - LOCAL HEALTH DEPARTMENT]</td><td>4</td><td>\$48.00</td><td>\$0.00</td><td>\$48.00</td></tr><tr><td colspan="3">Grand Total:</td><td>4</td><td>\$48.00</td><td>\$0.00</td><td>\$48.00</td></tr></table>							First Name	Last Name	Cert#/Type	No.Copies	Cert Fee	Admin Fee	Total Fee	JACK SMITH		DEATH	2	\$24.00	\$0.00	\$24.00	JACK SMITH		DEATH	2	\$24.00	\$0.00	\$24.00	Total By Payment Type: Check			4	\$48.00	\$0.00	\$48.00	Total By Operator: RICH_LHD [RICHMOND CITY - LOCAL HEALTH DEPARTMENT]			4	\$48.00	\$0.00	\$48.00	Grand Total:			4	\$48.00	\$0.00	\$48.00
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Grand Total:			4	\$48.00	\$0.00	\$48.00																																										

This concludes the user manual. For any questions, please contact vitalrec.questions@vdh.virginia.gov